

divide it. On withdrawing the polypus in the grasp of the forceps, I was prepared for some hemorrhage and placed a napkin over the vulva; to my surprise, on looking at it after the lapse of several minutes, it was not even tinged. Before I left the room there was a very slight stain, but nothing worthy the name of hemorrhage occurred then or since. The discharge ceasing with the removal of the tumour, the recovery was uninterrupted and satisfactory. On examining the tumour, it was found to consist of dense white fibrous matter, presenting upon its very surface some traces of vascularity, but within entirely devoid of anything of the kind."

Dr. Gilman is of opinion that excision is in the majority of cases of this kind preferable to the ligature, which has been generally adopted for the removal of these tumours.

*Case of Ovarian Dropsy.*—By J. B. KISSAM, M. D.—Mrs. D., aged thirty-five years, is the mother of ten children, had enjoyed good health till Feb. 1840, when she discovered an enlargement in the right side of the abdomen, and œdema of the lower limbs; in two months after she ceased to menstruate. Fluctuation being perceptible in the tumour, the use of calomel, squills and digitalis was determined on. Under this treatment there was a decided diminution of size, and a single return of the monthly secretion. In September, however, the abdominal swelling again showed itself, with extensive anasarca of the lower half of the body, and of the abdomen, so great as to make the fluctuation very obscure. Her general health remained unimpaired, and she only complained of the great weight, difficulty of respiration, and an inability to lie down. The remedies before tried, were again resorted to, without benefit, and the increase of the fluid was so rapid, that paracentesis became necessary in January last. The puncture was made at the usual point, midway between the umbilicus and pubis. The depth of the adipose and infiltrated cellular tissues was so great (nearly three inches) that after making the external incision with a scalpel, a large trocar was passed entirely to the guard of the canula, and the latter firmly pressed inwards before the fluid could be made to flow. Instead of passing with the usual facility into the sack, the instrument seemed to meet with the resistance of a firm body, which was probably one of the tumours so commonly connected with the cyst in this disease. The fluid oozed so slowly from the wound, that the canula was withdrawn, and the incision left open, that the discharge might thus take place. On the following day it was ascertained that in the course of a few hours, there had been evacuated forty-eight pints of a fluid, which soon firmly coagulated, and had precisely the appearance of blood; however, upon compressing a handful of it, it left no sanguineous stain; neither did the pulse give evidence of the system having sustained a loss of the vital fluid.

The abdomen, though somewhat softened, was not apparently much lessened in size. It was evident that the fluid was not entirely discharged; some relief was derived from the operation, and she was able to lie down for five or six weeks, after which a rapid re-accumulation took place. Medical treatment was resorted to, but without effect, and in the latter part of June it became necessary to repeat the operation. At this time, the anasarca swelling of the abdomen and lower limbs was enormous, and fluctuation was discoverable only above the umbilicus. The patient could scarcely rise from her chair without assistance, and suffered much from dyspnoea; the measurement around the largest part of the body was *six feet and nine inches*. Owing to circumstances, my friend Dr. Hoffman advised me to make the incision and puncture *above* the umbilicus; from which a free discharge of transparent fluid was obtained, which soon coagulated. The inconvenience met with in the former operation from the depth of the infiltrated cellular tissue was at this time obviated by a suggestion from Prof. Gilman, viz: that the anasarca should be lessened around the point to be punctured, by pressing and kneading the part with the fingers for some minutes. After the perfect evacuation of the sac, the quantity drawn off proved by measurement to be *seventy-nine pints*.

The wound healed kindly, without any unpleasant symptoms. A new mode

of treatment was now resorted to. She was put on the steady use of hydrarg., prot. iod., p. scillæ., and p. digital., which after five weeks slightly affected the gums, and acted very freely upon the kidneys. Three months have now elapsed, the patient's general health is very good, the anasarca has entirely disappeared, and she has once menstruated; being the second time in the period of eighteen months. From a recent examination by several medical friends, it is evident there is no return of the disease, both iliac regions being in a natural condition, and the abdomen perfectly flaccid.

From the previous speedy return of the disease, and the period which has elapsed since the last operation, I am led to hope that its re-appearance need not be looked for; and that this may prove one of the few cases which yield to medical and surgical treatment combined.

*Remarks.*—The sanguineous appearance of the fluid first evacuated was new to me and to those friends who saw it. The resemblance of the fluid to blood was so exact that most of those who saw it, did not hesitate to pronounce it blood. Whence was this colour? probably from a small quantity of blood being mingled with the fluid, the blood having flowed from some artery wounded in the operation. The trocar, as I have mentioned, seemed after having penetrated the abdominal wall to pass for some distance through a firm, dense structure. This was probably one of those tumours by which the walls of ovarian cysts are very frequently occupied—in it the blood vessel which supplied the blood, probably existed, and it was the dense fibrous structure of this tumour which prevented the free flow of the fluid on the first operation. That the bloody hue of the fluid was accidental, is proved by the fact that although the fluid was not entirely evacuated on the first operation, yet at the second it was found quite clear, though coagulable as before.—*New York Med. Gaz.*, September 15, 1841.

*Case of pregnancy attended by a remarkable discharge from the uterus, followed by a safe delivery.* By S. E. LEONARD, M.D., of New Albany, Indiana.—About the 1st of September 1840, I was called to visit Mrs. N. in her fifth pregnancy. She supposed herself to be between the fifth and sixth months of uterogestation; but of this she was entirely uncertain, judging alone from her having quickened about the 1st of August. Her menses observed their regular periodical return until within the last six or eight weeks, as they had done during her last pregnancy, which resulted in the birth of a child at the full period. I found her discharging water from the vagina, which gushed forth copiously, unattended with pain or dilatation of the os tincæ. I also found the neck of the uterus elongated as in the sixth month. I enjoined rest in the horizontal position, and administered an opiate. The discharge ceased in a few hours, and the next day found my patient comfortable.

*September 9th.* After one week's intermission, the water again began to pour from the vagina much more copiously than during the first attack, accompanied with a sense of uneasiness, and bearing down, rather than pain, in the pelvic region. To use her own language she "felt as if the whole contents of her abdomen would come from her." For a few days past she had been subject to periodical returns of fever commencing every afternoon. Bowels torpid. Gave a mercurial cathartic, after the operation of which she had no return of febrile paroxysm. A very visible diminution of the abdominal tumour had taken place, in consequence, no doubt, of the immense discharge of water from the uterus, which in the two attacks must have been several quarts. Continued the opiates after the operation of the purgative, and still enjoined the horizontal posture. The flow of water continued, with occasional intermissions, for about forty-eight hours, at the end of which time a very considerable quantity of sanguineo-purulent matter was discharged.

*11th.* The abdominal tumour almost entirely subsided. Says she feels plainly motions of the fœtus.

*12th.* I learned from her to-day that she increased much more rapidly in size than she had ever done in either of her former pregnancies. In one month from the first appearance of uterine enlargement, she was as large, or larger, than ever before at the time of her accouchement.